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AUTHOR Griffin, Maura Jane; Lowy, Louis
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ABSTRACT

This paper discusses some issues and challenges faced by the Boston University Gerontology Center in providing consultation and technical assistance to community agencies serving older adults. They are: community expectation vs. center capacity to deliver, time constraints vs. agency time demands, agency standards vs. University standards, program evaluation demands vs. agency priorities toward research, expertise of the generalist vs. expertise of the specialist, and fee for service vs. service without compensation. As a result of the Center's two-year experience, the conclusion reached is that there is a very appropriate and viable role for gerontology centers in providing assistance to community service agencies. Furthermore, it is felt that these services can be provided at a meaningful yet cost-contained level if realistic objectives, good management techniques, and mutual trust and expectations between agencies and gerontology centers are established. (PFS)

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ISSUES RELATED TO PROVIDING CONSULTATION AND TECHNICAL ASSISTANCE TO AGENCIES SERVING THE ELDERLY: CHALLENGES TO A UNIVERSITY-BASED GERONTOLOGY CENTER

Maura Jane Griffin, M.S.S.S., A.C.S.W.
Louis Lowy, Ph.D.

Boston University Gerontology Center, Boston, MA 02215

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ISSUES RELATED TO PROVIDING CONSULTATION AND TECHNICAL ASSISTANCE TO AGENCIES SERVING THE ELDERLY: CHALLENGES TO A UNIVERSITY-BASED GERONTOLOGY CENTER[1]

Maura Jane Griffin, M.S.S.S., A.C.S.W., and Louis Lowy, Ph.D.
Boston University Gerontology Center, Boston, Massachusetts 02215

Dr. Kenneth Benne has said:

> "It is...not an easy thing to give help to another person in a way that will strengthen him in doing a better job in handling his own situation. And it is not an easy thing to receive help from another person. Why is this so?"
> (Harrison, 1975).

In these few minutes we will share some issues and challenges faced by the Boston University Gerontology Center in providing consultation and technical assistance to community agencies serving older adults, which have helped us to answer this question.

In 1974 the Center began with two co-directors, full-time faculty of the University; a full-time administrator; one full-time secretary; an operating budget of $50,000; a mandate to foster research, education and service in the field of aging; and a requirement to generate and sustain its own fiscal support to continue beyond the first year.

From its inception, calls have been received from community service agencies seeking consultation and technical assistance in fundraising, proposal writing, program development, staff training, program evaluation, project collaboration, student placement, speakers, and management problem solving. In responding to this demand, the Gerontology Center has in two years provided more than 800 hours of consultation and technical assistance to more than 40 agencies and organizations.

A number of issues and challenges have been identified from this experience. Some of these are as follows:

1. Community expectation vs. Center capacity to deliver

Initial idealism and misunderstanding among agency staff about the role and capacity of any consultant in assuring agency program survival and about realistic limitations of both the agency and of the University led to Center staff frustration, agency staff disappointment, and a mutual disillusionment about this university-agency relationship. This issue arose most specifically with those agencies whose requests were open-ended for "as much help as possible" and which had no designated funds with which to contract for specific services; these were those agencies which were most desperate for survival.

This issue has been resolved in future relationships by clarifying with consultees in a first meeting realistic rather than idealistic expectations given the nature of the need, and a continuing educational process about the nature of fundraising and proposal writing. The Gerontology Center has now moved toward written contractual agreements with agencies, clearly specifying objectives, and applying this contractual approach to all agencies regardless of their ability to compensate the Center for its involvement.

[1]Paper Presented at the 29th Annual Scientific Meeting of the Gerontological Society, New York City, October 16, 1976.

2. A second frequent issue is time constraints vs. agency time demands

The Gerontology Center highly values its staff attendance at community meetings, participation on community boards and face-to-face general information and knowledge exchange with agency staff. The Center's Administrator alone has served on six organization boards and task forces on social issues facing older adults.

2a. The context of a Gerontology Center within a service and teaching oriented university such as Boston University has been conducive to providing a mandate to maximize faculty and staff time toward service. However, the Center's equally strong mandates for research and education toward improving the well-being of future as well as present generations of older adults have required our maximization of telephone and written consultation and assistance wherever possible and appropriate.

It was initially a difficult and challenging public realtions issue to carry out this policy but has come to be respected and valued by agencies that have realized that this is not a "put off" technique and that their own time, and thus their efforts are also being maximized. A short discussion via telephone has requently indicated that it is not the Directors or Administrator but a faculty member or other staff member who could be most helpful. For this reason, we devised, for example, a proposal abstract form which we generally ask any agency or individual seeking assistance to fill out prior to meeting with a Center staff member regarding the content of a proposed idea, which serves as a device by which agencies can specify for themselves as well as for us, what their specific objectives and needs are.

3. Agency Standards vs. University Standards

An advantage of, as well as an obligation of a university-based Gerontology Center in providing consultation and technical assistance is its knowledge of and access to specialists in many disciplines related to the field of aging. These specialists and the Gerontology Center carry standards of curriculum design, program evaluation, specificity of objectives, scientific rigor, and planning process which many community agencies have been sometimes unfamiliar with, impatient with, and sometimes considered unnecessary.

3a. The very nature of day to day demands for service delivery has frequently prevented these agencies from being as rigorous as they would like to be and from undertaking certain research and education related tasks.

A consultative process regarding the need for and benefit of these standards, mutual colloboration for the achievement of sensitive results, and a sense of partnership have enhanced favorable relationships between agencies and Boston University, and have fostered requests for continuing consultation and technical assistance.

4. Program Evaluation Demands vs. Agency Priorities toward Research

The writing of a good proposal, the improvement of a good service program, and the documentation required for continued funding demand a program evaluation component. The Gerontology Center has from its inception emphasized the value of evaluation and research in designing and implementing good services. Agencies, however, often see that educational institutions do not appreciate the difficulties agencies face in building this component into their practice stance. It is in the resolution of this issue betweeen an agency and a university community that calloboration can be most fruitful and that a quality service for older people can be provided. Since this is one of the most sensitive issues, continuous clarification is crucial. A university community must be particularly sensitive in presenting evaluation and research in a non-threatening or overwhelming manner. The resolution of this frequent issue as reasonable and appropriate to a particular agency or program is critical to University-community collaboration in a meaningful way, to agency survival, and to quality service for older people.

5. Expertise of the Generalist vs. Expertise of the Specialist

Because of the demand by an increasing number of agencies and organizations, the expert in a particular discipline related to gerontology cannot automatically be the first respondent to consultative and technical assistance requests. Nor is he or she automatically the most appropriate respondent. The process utilized by the Gerontology Center is one of needs assessment, determination of our capability to respond, initiation of the consultative and assistance process, and connection with the appropriate faculty or staff members. A distinct advantage to contracting with a Gerontology Center rather than with any individual person is the access of the consultee to the pooled knowledge and expertise of all university faculty associated with the Center as well as its professional staff. In our experience, many agencies have initially felt slighted or put off when they were not able to obtain the services of a particular person whom they sought out. However, when they experienced satisfactory results throught utilization of a panel of experts, they were more inclined to accept this approach, and in many instances could see numerous additional benefits accruing to the agency.

6. Fee for Service vs. Service without Compensation

The demand for services without reimbursement and the operating budgetary constraints which our Center has faced have created a dilemma for Center staff which was at least partially resolved by our Service Committee's policy recommendations in 1975:

1. That the Center provide a first consultative session at no charge to any agency or organization;
2. that a minimum fee of $25.00 per hour be established for any follow-up consultations with the option to waive in particular instances;
3. that staff encourage agencies to include consultation line items in proposal and budgetary requests to enhance our ability to respond;

4. that realistic contractual limitations be specified regarding an agency's needs and its available funds for consultation;

5. that no fee be charged if the center is a joint collaborator in the proposal or program;

6. that the Center approach private foundations and the United Fund for support which will allow us to more extensively serve agencies and organizations which cannot raise consultation funds.

Since only one year has passed since this policy was adopted, implementation has not been carried to the point where we have sufficient experience to evaluate the effectiveness of this policy in practice.

As a result of our two year experience, it is our conclusion that there is a very appropriate, and viable, role for gerontology centers in providing consultation and technical assistance to community service agencies; that issues and barriers can be resolved; and that these services can be provided at a meaningful and morally rewarding yet cost-contained level if realistic objectives, good management techniques, and mutual trust and expectations between agencies and gerontology centers are established.

Reference

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